

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 661980463	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10	1					60		
11	1					61		
12						62		
13	3					63		
14						64		
15	2					65		
16	1					66		
17	1					67		
18	1					68		
19						69		
20						70		
21						71		
22						72		
23						73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	4					TOTAL IND.		
TOTAL DEP.	2	2	2	2	2	TOTAL DEP.	2	
TOTAL CLAIMS	6	4	4	4	4	TOTAL CLAIMS	6	